(5)						DDESS MAI	I NO EV	/03/19/3063LIC	
PE 40	EXPRESS MAIL NO. EV934843963US Complete if Known								
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).						09/938,406			
FEE TRANSMITTAL						August 21, 2001			
For FY 2006					George H. Lowell				
F. CHEET F.			Zachariah Lucas						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1		1648			
TOTAL AMOUNT OF		(\$)1,090		Attorney Docket No. 484112.408D1					
METHOD OF PAYME				1		<u> </u>			
X Check Credit	Card	Money Order	Other	(please identify	/):				
Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC									
For the above-ide	•			•			-		
☐ Charge fee(s	•		_	Charge fee(s	-		-	e filing fee	
☐ Charge any a	additional fe	e(s) or underpay	yments	Charge any	underpayn	nents or cred	lit any ov	erpayments	
of fee(s) und	ler 37 CFR 1	1.16 and 1.17	•						
FEE CALCULATION	(All the fees	below are due	upon filing	or may be su	bject to a	surcharge.)			
1. BASIC FILING, SE	ARCH, AND	EXAMINATIO	N FEES						
			H FEES EXAMINATION FEES			}			
		Small Entity		Small Entity		Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fe</u>	es Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES							Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (inc	luding Reiss	ues)					50	25	
Each independent claim	_						200	100	
Multiple dependent clair		,					360	180	
Total Claims	Extra Cla	aims Fe	e (\$)	Fee Paid	(\$)	Multip		ident Claims	
19 -20 or HP =		X _	.5 (4) =	<u> </u>	141	Fee (\$)		Fee Paid (\$)	
HP = highest number	-	_	eter then 20	·		100 141	•	<u> </u>	
_					/ ¢ \				
Indep. Claims	Extra Cla		e (\$)	Fee Paid	(<u>a)</u>				
<u>1</u> -3 or HP =	<u>0</u>	X _	=						
HP = highest number of a second secon	•	ent claims paid	ior, ii greatei	r man 3.					
If the specification and under 37 CFR 1.52(e) thereof. See 35 U.S.O.) the applica	ition size fee du	e is \$250 (\$ ²						
Total Sheets	Extra She			additional 50 c	r fraction	thereof F	ee (\$)	Fee Paid (\$)	
-100 =		/50 =		p to a whole nu		x			
4. OTHER FEE(S)			(•				Fees Paid (\$)	
· ·	tion \$130 f	e (no small ent	ity discount)						
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination 790									
Petition for Extension of Time 120									
								180	
Information D	visciosure S	<u>laterrient</u>		•				100	

SUBMITTED BY					
Signature	Mac Joanne Roste	Registration No. (Attorney/Agent)	48,903	Telephone	206-622-4900
Name (Print/Type)	Mae Joanne Rosok			Date	February 8, 2007